

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-375)

SERIAL NO.

10-069517

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT												
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.
1							51										
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47							97										
48							98										
49							99										
50							100										
TOTAL IND.							TOTAL IND.										
TOTAL DEP.							TOTAL DEP.										
TOTAL CLAIMS							TOTAL CLAIMS										